Exhibit L (REV. 07/12)

THE EMERGENCY FOOD ASSISTANCE PROGRAM PARTICIPATING ORGANIZATION MONTHLY REPORT

Report Month And Year:			Name of Distributing Organization: Distribution Date(s):				
Instruc		complete and sign this repo iate DCF Regional Office n	ort following the	end of the mor			
I.	<u>Participation Information</u> : Please report the total number of households that received TEFAP food(s) from your organization during this report month (from 1st calendar day through the last day of the month). This total may be completed by counting the signatures from all Declaratory Statement/Inventory Control forms (Exhibit E), which were completed during the report month for each product distributed by the organization.						
	Total household	s Served:					
II.	. <u>Inventory Control/Losses</u> : Please report in full case amounts (plus any remaining units) the quantity of products received.						
Produc	rt .	Total Cases Carried Over From Last Month	Total Cases Received	Total Cases Distributed	*Total Cases Lost	*Total Cases on Hand at End of Report Month	
other	reasons), it mu	reperiences <u>any</u> TEFAP foo st be reported to the DC Kansas Commodity Distribu	F Regional Offi	ce within thre	e working day	s of the date the loss is	
III.							
Signature of Authorized Organization Representative						Date	

This institution is an equal opportunity provider.